

# Increasing Smoking Cessation in Low Income Adult Populations

Erik Augustson, PhD, MPH

Tobacco Control Research Branch

Behavioral Research Program

Division of Cancer Control and Population Sciences



# RFA Purpose

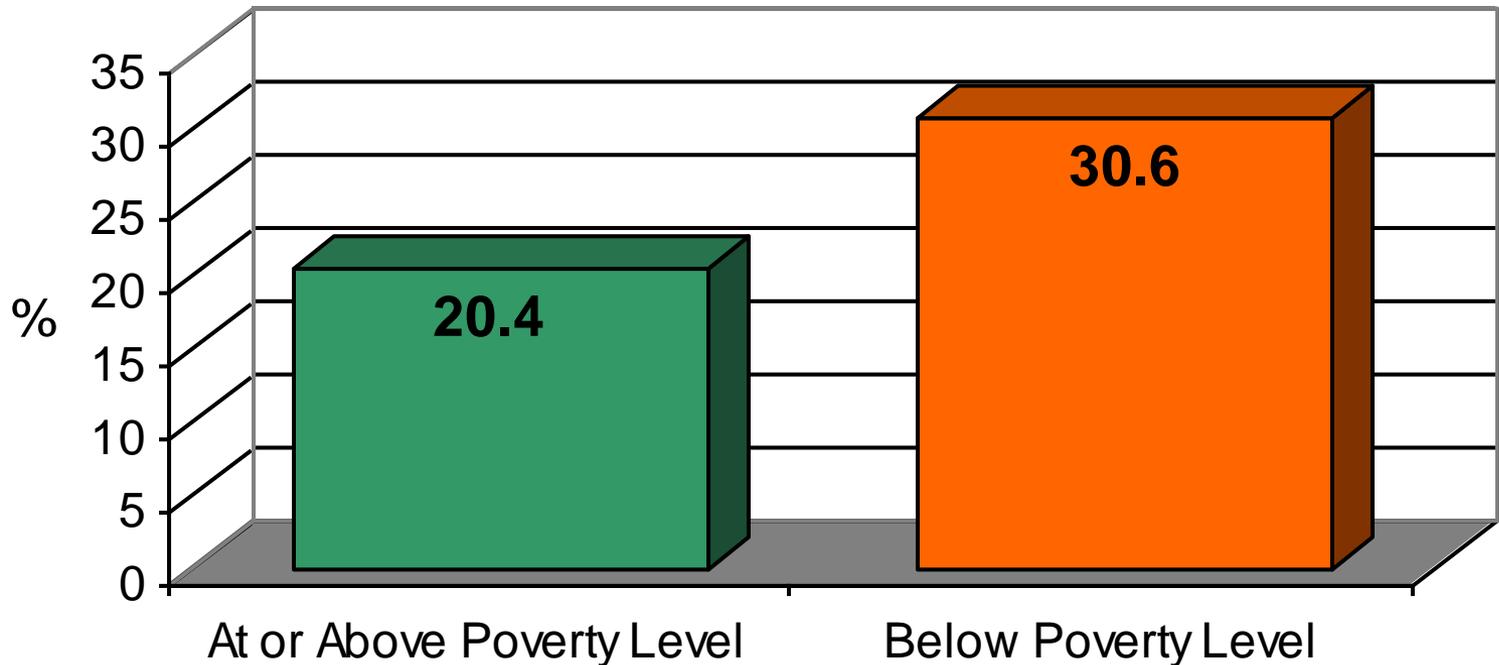
- To promote innovative research to increase smoking cessation in low income adults
- Develop and test novel treatment approaches for smoking cessation in low income adults
- To better understand the impact of barriers to treatment and how to address them

# The Problem

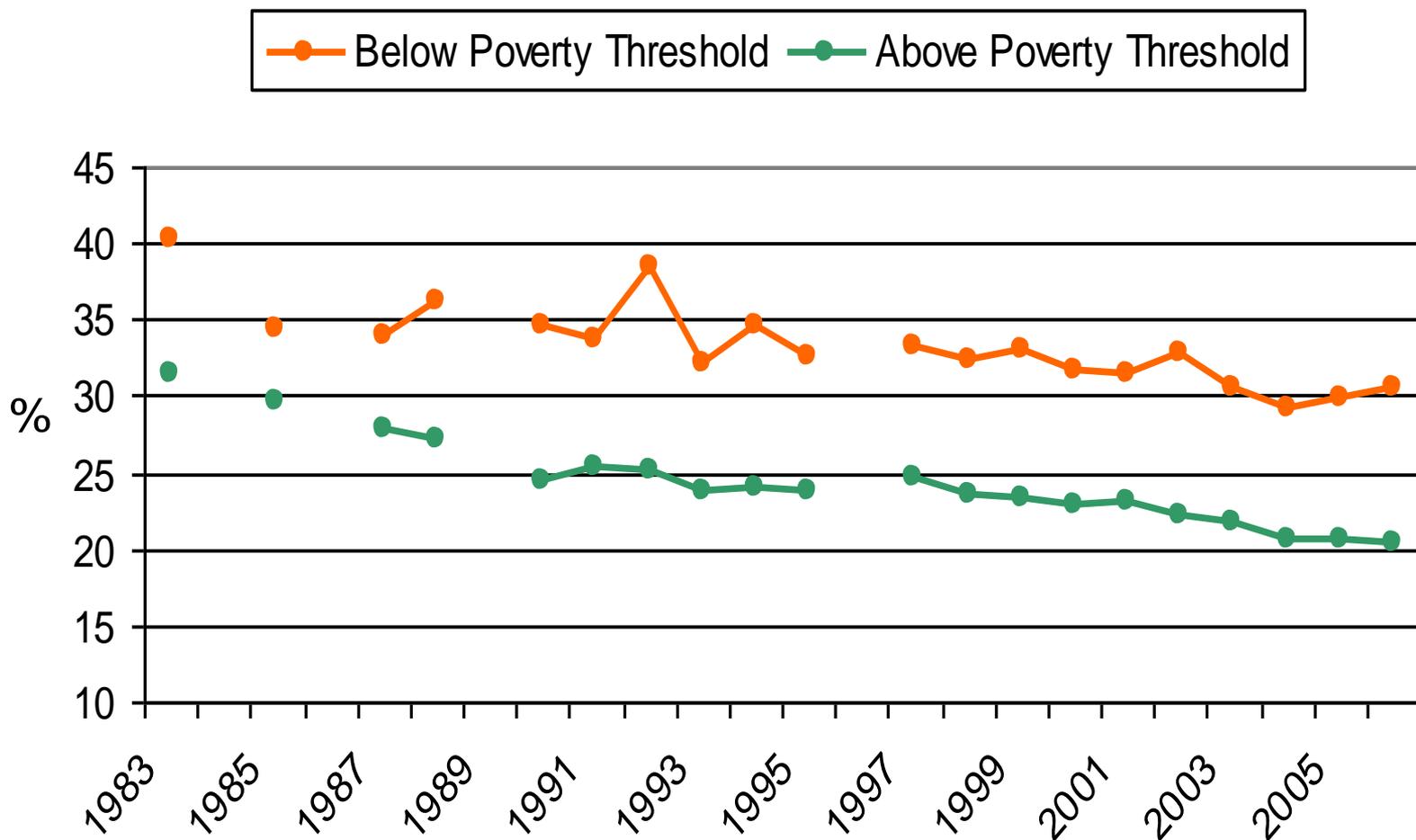
- Smoking prevalence has not consistently dropped across all segments of the population and remains firmly entrenched in some subsets of the U.S.
- High smoking prevalence and low rates of cessation are directly associated with low socioeconomic status

# Percent of U.S. Adults, $\geq 18$ years who were Current Cigarette Smokers, by Poverty Status, NHIS 2006

The poverty threshold for a family of four in the continental U.S. is under \$21 thousand/year.



# Prevalence Trends of U.S. Adults aged $\geq 18$ who were Current Smokers, by Poverty Status, NHIS 1983-2006



# What We Know

- Earlier smoking initiation
- Lower cessation rates
  - Less likely to attempt
  - Attempt fewer times
- Less successful cessation
- Increased obstacles to seek and engage in treatment

# What We Do Not Know

- The most effective means to increase engagement in treatment
- How to address factors that contribute to the gap in cessation success
- The potential impact of interventions specifically focused to meets the needs of this population

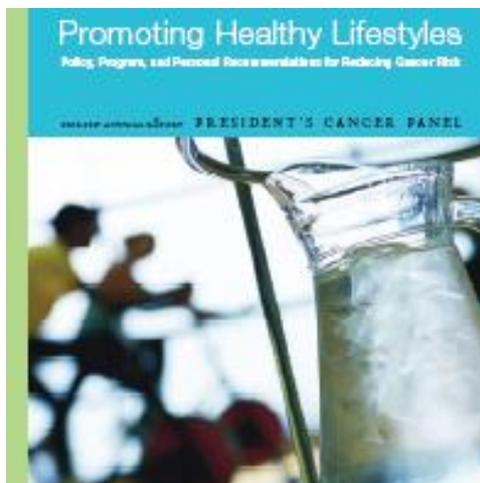
# Potential Research Questions

- What novel treatment approaches may be developed that will increase cessation among low income smokers?
- In what ways might individual, quit-line, and/or health care system-based treatments of tobacco dependence be personalized for low income smokers to enhance treatment effectiveness?
- What modifications to existing treatments can overcome barriers to low income smoker participation?
- How can social (e.g. social networks, social ties, discrimination, historical factors) and other contextual (e.g., culture, tobacco control policies) variables known to effect smoking in low income adults be integrated into treatments such that smoking cessation success is enhanced?

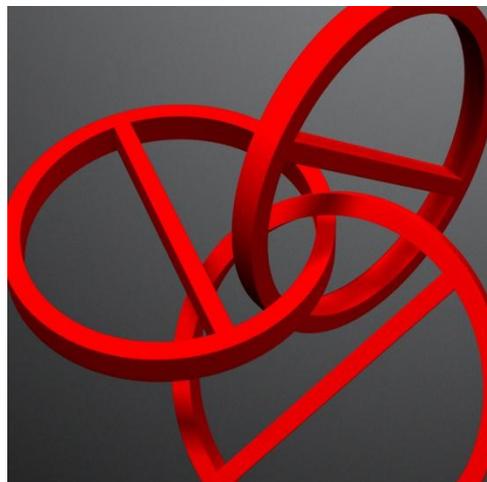
# Evaluation of RFA

- a) Did the novel treatments funded under the initiative identify means to improve smoking cessation in low income populations as demonstrated by statistically significant difference between control and experimental conditions?
- b) Were barriers to treatment identified and effectively addressed such that treatment engagement was improved via interventions funded by the initiative as demonstrated by statistically significant difference between control and experimental conditions?

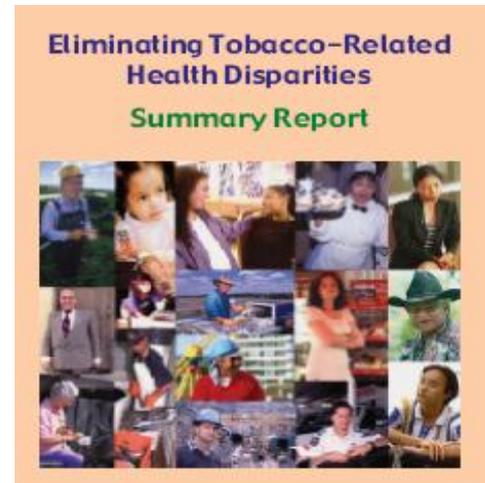
# Scientific Priority



President's Cancer Panel: Promoting Healthy Lifestyles 2007



NIH State of the Science on Tobacco 2006



NCI Report: Eliminating Tobacco-Related Health Disparities 2005

Common theme: Low income smokers are a population of significant concern and increased study of socioeconomic status in smoking cessation is strongly needed.

# Scope

- Appropriate applications:
  - Treatment development & pilot
  - Randomized clinical trial
- Support of 8-10 grants via R01 & R21 mechanisms
- The projected cost is \$3.5 million dollars per year for five years, with a total investment of \$14-17 million